

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of "usual residence of deceased" and change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 68-2

00963

FILM No. G 110 JUN 13 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Anna S. Bergman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Oct 11 1877 6. (c) If alive, give age _____ years

8. AGE: Years 69 Months 7-0 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation House work

11. Industry or business _____

12. Name John Guttick

13. Birthplace Germany

14. Maiden name Dout Kinder

15. Birthplace _____

16. Informant Mr Benjamin Bergman

Address East New Market

17. Burial Date thereof April 20 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemeter

Location East New Market

18. Funeral director F.B. Melloway

Address East New Market

19. April 24 1947 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 47 at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 47 and that I last saw him alive on April 20 19 47

Immediate cause of death Cerebral Hemorrhage

Due to Essential Hypertension

Other conditions _____

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

DURATION

5 minutes

1 yr +

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. G. Farrison MD

Hurlock Md M. D. or other _____

Address _____ Date signed 4/25/47

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APR 30 1947
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Diat. No. 110

1. PLACE OF DEATH:

County... BaltimoreCity or town... Reids Grove

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... BaltimoreCity or town... Reids Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

John W. Bell.

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 10 1870

6. (c) If alive, give age years

8. AGE: Years 77 Months 1 Days 7 If less than one day9. Birthplace md

(Town, county, and state)

10. Usual occupation Grocery Store

11. Industry or business

12. Name William Bell13. Birthplace md14. Maiden name Laura Lord15. Birthplace md16. Informant Mr. Lewis WrightAddress Cambridge

17. Burial

(Burial, cremation, or removal Which?)

Date thereof April 6 1947

(month) (day) (year)

Cemetery or crematory BequeterLocation Brookview18. Funeral Director F.B. McLaughlinAddress East New Market19. April 6 - 1947

(Date rec'd by registrar)

Registrar Charles Heston

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1947 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 27 1947 to April 4 1947and that I last saw him alive on April 4 1947

Immediate cause of death

Coronary ThrombosisDue to Chronic MyocarditisDue to General Arteriosclerosis SystOther conditions Influenzacondolescent

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

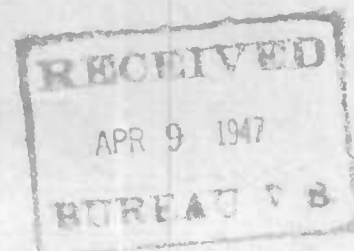
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. Harrison MDAddress Hurlock Md.Date signed 4/5/47

M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-M)

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 327 Wells St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Wm. Joseph Bell

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife Emily W. Bell6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Oct 3 - 1864

8. AGE: Years 82 Months 5 Days 29 It less than one day
 hrs. min.

9. Birthplace Cambridge
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Levin Bell12. Name Levin Bell13. Birthplace Cambridge14. Maiden name Margaret Ann15. Birthplace Cambridge16. Informant Wm. BartonAddress Cambridge, Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-4-47
(month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md18. Funeral director Rembert R. ThomasAddress Cambridge, Md19. 4/4/47 John Macgregor Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 47 at 6:15 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 19 46 to April 2 19 47and that I last saw him alive on April 1 19 47Immediate cause of death InanitionDURATION 3 monthsDue to Carcinoma ofgastro-intestinal tract unknownDue to unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Mangano M.D.Address 136 Race St. M. D. or otherDate signed 4/3/47Cambridge, Md.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

00964

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 108 Rambler Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Golda Leona Took Bradley

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Earl N. Bradley 6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug - 25 - 1902

8. AGE: Years 44 Months 7 Days 27 If less than one day hrs. min.

9. Birthplace Cambridge
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name James Wilbur Cook
13. Birthplace Dor. Co.

14. Maiden name Royanne Jones
15. Birthplace Dor Co

16. Informant Earl N. Bradley
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 11-5-47

Cemetery or crematory Dorchester Memorial Park
Location Cambridge Md

18. Funeral director Kenneth H. Thomas
Address Cambridge, Md.

19. (Date rec'd by registrar) 11-5-47 Registrar John M. [unclear]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 47 at 2:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/18 19 47 to 4/22 19 47 and that I last saw h. E.L. alive on 4/25 19 47

Immediate cause of death Right Cerebral Hemorrhage DURATION 3 days

Due to Hypertensive Cardiovascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature [unclear]

Address Cambridge Md M. D. or other

Date signed 4/22/47

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APR 28 1947

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1342

CERTIFICATE OF DEATH

00965

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Eleven years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

Lucy Satterfield Cooling

3.(b) Social Security Number

4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 1st 1872

8.(c) If alive, give age _____ years

8. AGE: Years 75 Months 2 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Delaware
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name John H. Satterfield13. Birthplace Delaware14. Maiden name Louise Staton15. Birthplace Delaware16. Informant Mrs Orville OakmanAddress Hurlock17. Burial Date thereof April 16 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Bridgeton, Del.18. Funeral director F. B. HallowayAddress East New Market19. April 15 47 Elizabeth C. Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1947 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/9 1947 to 4/13 1947and that I last saw her alive on 4/9 1947Immediate cause of death Pulmonaryhemorrhage

DURATION

2 minutesDue to Rupture of small pulmonaryarteryDue to Chronic Hypertensivecardio-renal disease10 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Satterfield

M. D. or other

Address Preston, MarylandDate signed 4/14/47

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APR 23 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 118

1. PLACE OF DEATH:

County Southeast
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
Near Reid's Grove
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Southeast
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Reid's Grove
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Martha M. Davis

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Lyvester Davis
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) March 4, 1862
 8. AGE: Years 85 Months 1 Days 26 If less than one day
 hrs. min.

9. Birthplace Wicomico County, Maryland
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name Jeremiah Wallace

13. Birthplace Deals Island, Maryland

14. Maiden name Sarah Dealbald

15. Birthplace Wicomico County, Maryland

16. Informant Minnie M. Davis

Address Rhodesdale, Maryland, RFD.

17. Burial Date thereof May 3, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reid's Grove Cemetery

Location Near Rhodesdale, Maryland

18. Funeral director J. J. Frampton & Son

Address Edwardsburg, Maryland

May 3 - 1947 Registrar Charles Hastings

(Date signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 47 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 27 19 47 to - 19 47

and that I last saw him alive on Apr 27 19 47

Immediate cause of death Nephritis, interstitial

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

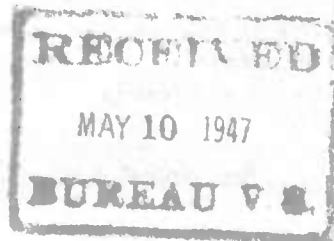
Means of injury

Injured at work?

23. SIGNATURE R. D. Brown, M.D.

Address East New Market, Md.

Date signed 5/1/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

06967

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 Years
 Hospital, institution, or street address where death occurred:
Robbins Street
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Robbins Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Horace R. Dinsmore

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Isabelle Haddock
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) Dec. 9, 1880
 8. AGE: Years 66 Months 3 Days 4 If less than one day - hrs. - min.

9. Birthplace Altoona, Penna.
 (Town, county, and state)
 10. Usual occupation Optometrist
 11. Industry or business Optometry
 12. Name Not Known
 13. Birthplace 11 11
 14. Maiden name Not Known
 15. Birthplace 11 11

16. Informant Mrs. H. R. Dinsmore
 Address Cambridge, Maryland.
 17. Burial Date thereof April 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Home
 Address Cambridge, Maryland.

19. April 14 47 John Mansfield
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1947 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19

Immediate cause of death Chronic Myocarditis DURATION 1 yr?
 Due to Arterio Sclerosis 1 yr?
 Due to -
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE J. B. Shriver, Dep. Med. Exam. M. D. or other -
 Address Cambridge, Md. Date signed Apr 14/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.P.)

CERTIFICATE OF DEATH

00968

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Beltsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2(a) If veteran, name war none

3. (a) FULL NAME

Ernest Gray

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Myrtle Bailey

6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) Nov. -15- 1886

8. AGE: Years 60 Months 4 Days 24 If less than one day hrs. min.

9. Birthplace Grays Island, DorCo.
 (Town, county, and state)
Waterman

10. Usual occupation

11. Industry or business

12. Name Sampson Gray13. Birthplace Grays Island14. Maiden name Eileen Gray15. Birthplace Grays Island16. Informant Mrs Myrtle GrayAddress Beltsville, Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof 4-11-47

(month) (day) (year)

Cemetery or crematory FreelawnLocation Cambridge, Md.18. Funeral director Kenneth R. ShumanAddress Cambridge, Md.19. 4-11- 19 47 John Mace Jr. md Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 47 at 4:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 19 47 to April 9 19 47and that I last saw him alive on April 9 19 47Immediate cause of death Convolutions of uremia DURATION 7 daysDue to Chronic nephritis 7Due to Bronchopneumonia 5 daysOther conditions (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. md M. D. or otherAddress Cambridge Date signed 4/11/47

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APR 14 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

00969

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: Dorchester
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 Cemetery Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Lola N. Hall

3. (b) Social Security Number
214-05-5055

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 3 - 1888 6. (c) If alive, give age..... years

8. AGE: Years 58 Months 9 Days 7 If less than one day..... hrs. min.

9. Birthplace Dorchester Co. near Euston
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. H. Hinton

13. Birthplace Dorchester Co.

14. Maiden name Mary Jane Jones

15. Birthplace Dorchester Co.

16. Informant Howard J. Hall

Address Cambridge Md.

17. Burial Date thereof Apr 13 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director Kenneth K. Stouffer

Address Cambridge, Md.

19. 4-12-47 John M. Hall Jr. Md.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 47 at 5:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 19 46 to April 10 19 47
 and that I last saw him or her alive on April 8 19 47

Immediate cause of death..... DURATION

Myocardial failure 1 day

Due to Carcinoma of right breast 2 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of Injury Injured at work?

23. SIGNATURE Lawrence Maryano

M. D. or other

Address 136 Rose St. Cambridge Md. Date signed 4/12/47

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APR 16 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181-20

CERTIFICATE OF DEATH

Reg. Dist. No. 00970, 6

1. PLACE OF DEATH:

County Marquette
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred Cambridge Md. Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State New Jersey County Mersey
 City or town Hightstown N.J.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. 1
 (If rural, give LOCATION)
 2. (a) If veteran, name war none ✓

3. (a) FULL NAME

Elmer Hancock

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 10 - 1885

8. AGE:

Years 61 Months 10 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace

Hightstown, N.J.
 (town, county, and state)
 10. Usual occupation Farmer & Dropper

11. Industry or business

Watawe Hancock

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery

Location

18. Funeral director

Address

19. April 8 - 1947

(Date rec'd by registrar)

John M. Meyer
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1947, at 6:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29 1947 to April 7 1947 and that I last saw him alive on April 7 1947

Immediate cause of death

Pleurisy and broncho-pneumonia

Due to Cardio renal vascular disease with hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred E. Brunker MD
Cambridge Md

M. D. or other

Date signed 4-8-47

RECEIVED

APR 9 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Rochester
City or town East New Market Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one week
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Delaware County
City or town Seaford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

French Anthony Lanley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife deceased

7. Birth date of deceased (mo., day, yr.) March 25, 1865 6. (c) If alive, give age years

8. AGE: Years 82 Months 14 Days hrs. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Retired Public Agent

11. Industry or business

12. Name Margaret Lanley

13. Birthplace West Virginia

14. Maiden name Margaret Queen

15. Birthplace West Virginia

16. Informant Mr. Edgar Dwyer

Address East New Market, Md.

17. Burial Date thereof Apr. 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market, Md.

18. Funeral director A.B. Kellough & Co.

Address East New Market

19. April 12 19 47 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 47 at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 19 47 to April 19 19 47

and that I last saw him alive on April 19 19 47

Immediate cause of death Coronary

Decompensation

Due to Senility

Due to La Grippe & Pleurisy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Thos. D. Lumsden

Address Fresh Meadows Date signed 4/11/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

00972

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Airys, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Kellie Grace Barker

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Herbert L. Barker Sr.

7. Birth date of

deceased (mo., day, yr.)

May 9, 1883

6. (c) If alive, give age years

8. AGE:

Years 63 Months 10 Days 28 If less than one day
..... hrs. min.9. Birthplace Deermd, Dor. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Francis B. Christopher13. Birthplace Maryland14. Maiden name Kellie Banning15. Birthplace Maryland16. Informant Herbert L. Barker Sr.Address Airys, Md. Cambridge Rd.17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/10/47
(month) (day) (year)Cemetery or crematory CemeteryLocation East New Market, Md.18. Funeral director H. B. Thelbow & Co.Address East New Market.19. April 9 - 1947 Registrar John M. Jones
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Airys
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) if veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1947 at 1:35 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/4 1946, to 4/7 1947and that I last saw him/her alive on April 5 1947Immediate cause of death Arteriosclerotic Heart DiseaseDue to Heart Block.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Kunganos M. D. or otherAddress 136 Cambridge Rd. Date signed 4/7/47

DURATION

unknownunknown

RECEIVED

APR 11 1947

BUREAU 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

00973

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Bucktown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Bucktown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward Castelfield Hughes

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Minie Hughes

6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept. 30 - 1853

8. AGE: Years 94 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Bucktown Md.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business _____

12. Name John Hughes

13. Birthplace unknown

14. Maiden name Mary Hughes

15. Birthplace Bucktown Dorchester Md.

16. Informant Minie Hughes

Address _____

17. Burial Date thereof April 11, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hughes mission

Location near Bucktown Md.

18. Funeral director Rev. Lewis H. Baynham

Address Cambridge Md.

19. 4-10-47 19 47 John Mawds
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 47 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13 19 47, to April 7 19 47

and that I last saw him alive on April 1 19 47

Immediate cause of death Cerebral Hemorrhage

Due to Sen Hypertension DURATION 19 46

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Carol M. St. Louis

Address Baltimore M. D. or other _____

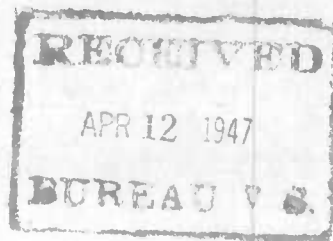
Date signed 4-8-47

MARGIN RESERVED FOR BINDING

I

VS/A15 9-45-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

00995

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Baby Gladem.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 11 1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

1

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

FATHER

12. Name

Walter B. Buote

13. Birthplace

md

MOTHER

14. Maiden name

Agnes Gladem

15. Birthplace

md

16. Informant

Address

John GlademEast New Market

17. (Burial, cremation, or removal) Which?

Date thereof

Burial April 14 1947

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

Address

F. B. ShallowayEast New Market

19. (Date rec'd by registrar)

19. 47

Elyah C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1947, at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 11 1947, to April 12 1947and that I last saw him alive on April 11 1947

Immediate cause of death

Infarction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. S. Kuhlman

M. D. or other

Address

Sharpton Rd

Date signed

4/12/47

RECEIVED

APR 17 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7320

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00974

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Cambridge Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Ma. County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
James James

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) Feb 1st 1890 6. (c) If alive, give age _____ years
 8. AGE: Years 57 Months 2 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation Farm Hand
 11. Industry or business Farming
 FATHER 12. Name Wm. Richard
 13. Birthplace _____
 MOTHER 14. Maiden name Don't know
 15. Birthplace _____

16. Informant James E. Bledsoe
 Address Hurlock
 17. Burial Date thereof April 10 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Dorchester
 Location East New Market
#13 Millburg Ave.
 18. Funeral director East New Market
 Address _____
 19. April 14 19 47
 (Date rec'd by registrar) Registrar John M. [unclear]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 47 at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 19 47 to April 10 19 47
 and that I last saw him alive on _____ 19 _____
 Immediate cause of death Congestion heart failure
stiblogy subepicard
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James A. Thompson M.D.
 M. D. or other _____
 Address Cambridge, Md. Date signed April 13, 47

7
RECEIVED
APR 16 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

00975

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 6 days

3. (a) FULL NAME

Olil Johnson

3. (b) Social Security Number

4. Sex Male 5. Color of race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Sarah Johnson7. Birth date of deceased (mo., day, yr.) Feb 8 19098. AGE: Years 38 Months — Days — If less than one day — hrs. — min. —9. Birthplace Uxton MD
(Town, county, and state)10. Usual occupation Laber

11. Industry or business

12. Name Anthony Johnson13. Birthplace Uxton MD14. Maiden name Anner Schilts15. Birthplace Uxton MD16. Informant Anthony JohnsonAddress Uxton MD17. Burial, cremation, or removal. Which? Burial Date thereof May 13 1947
(month) (day) (year)Cemetery or crematory UxtonLocation near Princeanny18. Funeral director Lenus H. Bayner

Address

19. May 17 1947 John Macle
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2. (a) If veteran, name war —

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 19 47 at 6:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 23, 19 47 to April 29, 19 47and that I last saw him alive on April 29, 19 47Immediate cause of death UremiaDURATION 5 daysDue to Acute glomerular nephritis 5 daysDue to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

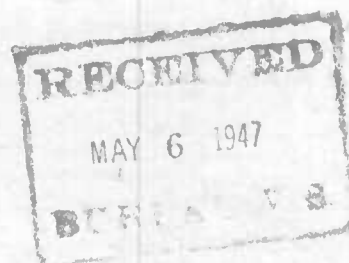
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Laurence MaryannM. D. or other —Address 136 Race St.Date signed 5/2/47Cambridge, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 984

CERTIFICATE OF DEATH

00976

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years 10 months
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 years 10 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Elmer E. Jones

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) November 16, 1862 6. (c) If alive, give age _____ years

8. AGE: Years 84 Months 5 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Church Creek, Dorchester County, Md.
(Town, county, and state)

10. Usual occupation farm (chores)

11. Industry or business

12. Name Thomas I. Jones

13. Birthplace Church Creek, Md.

14. Maiden name Angeline Slacum

15. Birthplace Lakesville, Md.

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof 4/21/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Red Spring

Location Cambridge, Md.

18. Funeral director Le Compt's Funeral Service

Address Cambridge, Md.

19. 4/21/47 John M. [unclear]
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 19 47 at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 43 to April 19 19 47 and that I last saw him alive on April 18 19 47

Immediate cause of death Bronchial pneumonia
Arteriosclerotic cardiovascular
heart disease

Due to Senile psychosis

Due to _____

Other condition _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branstombe, M.D.

Address Eastern Shore State Hos. Date signed 4-21-47

MARGIN RESERVED FOR BINDING

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VS A15 9-45-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED

APR 28 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 Years
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 3 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 16 Cedar St.
(If rural, give LOCATION)
2. (a) If veteran, name war -

3. (a) FULL NAME

Henry W. Langrall

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Olevia Mills
(Died 4/1/1939) 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1874

8. AGE: Years 72 Months 4 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name William H. Langrall

13. Birthplace Maryland

14. Maiden name Rachel V. Murphy

15. Birthplace Maryland

16. Informant Mr. Harley M. Langrall

Address Cambridge, Maryland

17. Burial Date thereof April 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 4-19-47 John M. Murphy MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947 at 6:13 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 9, 1946 to April 16, 1947
and that I last saw him alive on April 16, 1947

Immediate cause of death Intestinal obstruction
Cause, unknown. Not due to cancer.

Due to Cancer

Due to _____

Due to _____

Other conditions Myocardial infarct
arterio-sclerosis
ulcer (Include preceding within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John E. Brunker MD.
M. D. or other _____

Address 32 Race Street Date signed 4-18-47
Cambridge, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00977

RECEIVED
APR 21 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-1

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00978

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months, 14 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 6 months, 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Bozman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Drusilla Larrimore

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife William T. Larrimore

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 26, 18668. AGE: Years Months Days If less than one day
81 2 2 _____ hrs. _____ min.9. Birthplace Talbot County
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Tobin Harper13. Birthplace Talbot County14. Maiden name Eliz Jane Sewell15. Birthplace Talbot County16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof May 1, 1947
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory BozmanLocation Bozman18. Funeral director St. Michael

Address _____

19. 4/29/47 47 John. M. ...
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1947 at 6:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14, 1946 to April 28, 1947 and that I last saw him/her alive on April 28, 1947Immediate cause of death Arteriosclerotic cardio-vascular disease

DURATION

Due to _____

Due to _____

Other conditions Psychoses with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

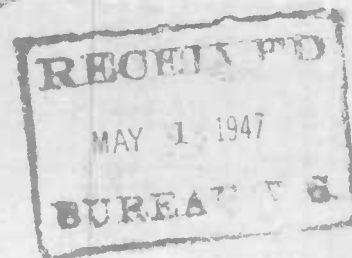
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE John M. ... M. D. or other _____Address St. Michael's Hospital Date signed 4-29-47
Cambridge, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Diat. No. 00979

1. PLACE OF DEATH:

County... Dorchester
 City or town... East New Market Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 3 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Dorchester
 City or town... East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... R.F.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John F. Lee

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age..... years

June 1, 1890

8. AGE: Years Months Days If less than one day

66 6 27 hrs. min.

9. Birthplace... Linkwood, Dor. Md.
(Town, county, and state)10. Usual occupation... Farming

11. Industry or business

12. Name... Henry M. Lee13. Birthplace... Maryland14. Maiden name... Harriett Stanley15. Birthplace... Maryland16. Informant... Emma LeeAddress... East New Market, Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof... April 28, 1947
(month) (day) (year)Cemetery or crematory... Prosser'sLocation... "18. Funeral director... H.B. HallowayAddress... East New Market19. (Date rec'd by registrar) 19... 47Registrar... Eugene Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 28, 1947 at 10:19 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25, 1947 to April 28, 1947 and that I last saw him in alive on April 25, 1947Immediate cause of death... Coronary occlusion DURATION 1 dayDue to... Arterio sclerotic Heart DiseaseDue to... bronchial asthmaOther conditions... unknown

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Lawrence MaryannAddress... 136 Raw St. Cambridge Md. Date signed... 4/29/47

RECEIVED

MAY 6 1947

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH: *Worcester*
 County *Madison*
 City or town *Madison, Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Pennsylvania* County *Philadelphia*
 City or town *Philadelphia*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *4700 Sanson St.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war *none* ✓

3. (a) FULL NAME *Effie Nace Light*

3. (b) Social Security Number

4. Sex *Female* 5. Color of race *White* 6. (a) Single, married, widowed, or divorced *married*

6. (b) Name of husband or wife *Edwin D.*

6. (c) If alive, give age *48* years

7. Birth date of deceased (mo., day, yr.) *Nov 26 - 1888*

8. AGE: Years *58* Months *4* Days *9* If less than one day *hrs. min.*

9. Birthplace *Philadelphia*
 (Town, county, and state)

10. Usual occupation *Housewife*

11. Industry or business

12. Name *Joseph R. Nace*

13. Birthplace *Philadelphia*

14. Maiden name *Elizabeth Davis*

15. Birthplace *Dorchester Co. Md.*

16. Informant *Edwin D. Light*

Address *Philadelphia, Pa.*

17. *Burial* Date thereof *5-6-1947*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Arlington*

Location *Delaware County, Pa.*

18. Funeral director *Robert C. Reese*

Address *Philadelphia, Pa.*

19. *4151 47* John M. [unclear]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 5* 19 *47* at *4:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*

and that I last saw him *alive* on *19*

Immediate cause of death *Disease of Coronary Arteries*

Due to *Arteries*

Due to *Arteries*

Other conditions *Arteries*

(Include pregnancy within 3 months of death)

Major findings of operations *Arteries*

Date of op. *Arteries*

Autopsy results *Arteries*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Arteries* Date of *Arteries*

Where did injury occur? *Arteries* (City or town) (County) (State)

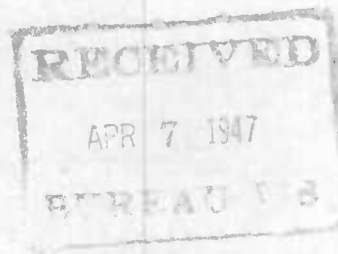
Injured at home, farm, industry, public place (where?) *Arteries*

Means of injury *Arteries* Injured at work?

23. SIGNATURE *J. K. Shiver, Dep. Med. Exam.*

M. D. or other *Cambridge, Md.*

Address *Cambridge, Md.* Date signed *Apr 5/47*



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33a

00981

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>entire</u> Hospital, institution, or street address where death occurred: <u>Cambridge Md. Hospital</u> How long in hospital or institution? <u>1 day</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>401 Peach Blossom ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>none</u>									
3. (a) FULL NAME <u>Jean Lucille Messick</u>		3. (b) Social Security Number <u>218-16-8722</u>									
4. Sex <u>Female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>married</u>									
6. (b) Name of husband or wife <u>Russell A. Messick</u>		6. (c) If alive, give age <u>25</u> years									
7. Birth date of deceased (mo., day, yr.) <u>July 26-1924</u>											
8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>22</u></td> <td><u>8</u></td> <td><u>15</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>22</u>	<u>8</u>	<u>15</u>	hrs. min.
Years	Months	Days	If less than one day								
<u>22</u>	<u>8</u>	<u>15</u>	hrs. min.								
9. Birthplace <u>Cambridge</u> (Town, county and state)											
10. Usual occupation <u>Shirt & Pants Sewing Factory</u>											
11. Industry or business <u>Reubin Means</u>											
FATHER	12. Name <u>Reubin Means</u>										
	13. Birthplace <u>Near Co.</u>										
	14. Maiden name <u>Evelyn Henry</u>										
MOTHER	15. Birthplace <u>Near Co.</u>										
	16. Informant <u>Russell A. Messick</u> Address <u>Cambridge, Md.</u>										
17. Burial (Burial, cremation, or removal. Which?) <u>Apr 13 '47</u> Date thereof (month) (day) (year) Cemetery or crematory <u>Dorchester Memorial Park</u> Location <u>Cambridge, Md.</u>											
18. Funeral director <u>Kenneth R. Thomas</u> Address <u>Cambridge, Md.</u>											
19. <u>4-12-47</u> <u>47</u> (Date rec'd by registrar) Registrar <u>John Messick</u>											
MEDICAL CERTIFICATION											
20. DATE OF DEATH <u>April 11</u> <u>47</u> at <u>4:30 P</u> M											
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 5</u> <u>47</u> to <u>April 11</u> <u>47</u> and that I last saw him <u>alive</u> on <u>April 11</u> <u>47</u>											
Immediate cause of death <u>myocardial failure</u>											
Due to <u>Influenza pneumonia</u>			DURATION <u>1 day</u>								
Due to <u>Influenza</u>			<u>3 days</u>								
Other conditions (Include pregnancy within 8 months of death)											
Major findings of operations Date of op.											
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.											
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?											
23. SIGNATURE <u>Lawrence Mangano</u> M. D. or other Address <u>136 Race St Cambridge</u> Date signed <u>4/12/47</u>											

RECEIVED

APR 16 1947

R. H. A. L.

Evidence for change of
birthdate shown on -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

00983

FILM No. G 109 APR 21 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Smithville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Smithville
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Wheatley
General Mitchell

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Slyod, Mitchell

7. Birth date of

deceased (mo., day, yr.) 12-6-1916 25

6. (c) If alive, give age years

8. AGE:

Years 21 Months 4 Days hrs. min.

9. Birthplace

Balto, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Garfield Wheatley
Md.

13. Birthplace

Rena Ellis
Md.

14. Maiden name

Md.

15. Birthplace

Garfield Wheatley
Smithville Md.

Address

Burial Date thereof April 13-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Cemetery
Smithville Md.

Location

Sewer A. Henry
Cambridge Md.

18. Funeral director

Address

4-12-47 John Mason Jr Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 47 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 19 47 to Death 19 47

and that I last saw him alive on April 7 19 47

Immediate cause of death

Pulmonary tuberculosis
extensive, bilateral

DURATION

5 mo

Due to

Due to

Other conditions Emaciation

3 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE

James A. Thompson MD
Cambridge Md M. D. or other
Date signed April 11, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Under correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00984

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cordtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....24 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Dorchester
 City or town.....Cordtown, Dor. Co. Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Emily Brown Molock

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Negro Widowed

6. (b) Name of husband or wife John Molock7. Birth date of deceased (mo., day, yr.) April 21 1863 B. (c) If alive, give age..... years8. AGE: Years 83 Months 11 Days 26 If less than one day..... hrs. min.9. Birthplace.....Linas Road, Dor. Co. Md
(Town, county, and state)10. Usual occupation.....Housewife11. Industry or business.....Home12. Name.....Peter Tilghman13. Birthplace.....Madison, Dor. Co. Md14. Maiden name.....Mahalia Wheatley15. Birthplace.....Madison, Dor. Co. Md16. Informant.....John BanksAddress.....Cambridge, Md.17. Burial Date thereof.....Apr 22, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....Linas Road CemeteryLocation.....Linas Road, Dor. Co. Md19. Funeral director.....J. M. McClair & SonAddress.....Cambridge, Md.19. (Date rec'd by registrar).....Apr 21 1947 Registrar.....John Macfarland

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 17 1947 at 8:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1947 to April 17 1947 and that I last saw him alive on April 17 1947Immediate cause of death.....Myocardial

DURATION

3 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....P. H. James M. D. or otherAddress.....Cambridge, Md Date signed.....Apr 18 1947

FORM NO. 10 (REV. 1-25-60)
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Washington, D. C. 20535

ARTICLE 100-100000

RAC CONTENT

PROPERTY OF FBI

RECEIVED
APR 24 1947
BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

00985

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 Years

Hospital, institution, or street address where death occurred:

10 Virginia Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 Virginia Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles Everett Montgomery

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Mary Ida Marshall

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1860

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>13</u>	hrs. min.

9. Birthplace Lakesville, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation General Laborer

11. Industry or business

12. Name James Montgomery

13. Birthplace Maryland

14. Maiden name Adeline J. Montgomery

15. Birthplace Maryland

16. Informant Robert C. Montgomery

Address Cambridge, Maryland.

17. Burial Date thereof April 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 4/21/47 John Marshall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947 at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1946 to Apr 1947
and that I last saw him alive on Apr 17

Immediate cause of death

Congestive Failure

DURATION

2 mos

Due to Arteriosclerotic heart disease

Due to

Other conditions Stenosis

3 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James C. Thompson M.D.
M. D. or other John Marshall
Address Cambridge, Md. Date signed Apr 21/47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

238 Race St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Hoopersville

(If rural, give LOCATION)

2. (a) If veteran, name war -

3. (a) FULL NAME

George W. Murrell

3. (b) Social Security Number

-4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Helen S. Buark-1893
Susie R. Simmons-11/9/19456. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Dec. 27, 18598. AGE: Years 87 Months 3 Days 25 If less than one day - hrs. - min.9. Birthplace Somerset County, Maryland.
(Town, county, and state)10. Usual occupation Merchant11. Industry or business MercantileFATHER 12. Name Michael Murrell13. Birthplace MarylandMOTHER 14. Maiden name Sarah E. Murrell15. Birthplace Maryland16. Informant Mrs. Oattie RobbinsAddress Baltimore, Maryland.17. Burial Burial Date thereof April 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11/25/1947 John Murrell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1947 at - M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1944 to April 21, 1947and that I last saw him alive on Apr 18 19 47Immediate cause of death Coronary heart failure DURATION 1 yr.general anasarcaDue to Arteriosclerosis general ?Due to -Other condition America 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE James H. Thompson MD M. D. or other -Address Cambridge, Md Date signed Apr 24, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116 D

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 1 year 6 mos. 28 ds
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution?..... Cambridge 1 year 6m 28 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

James Dix Nock

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
6. (b) Name of husband or wife..... Myrtle Mason
6. (c) If alive, give age..... 50 years
7. Birth date of deceased (mo., day, yr.)..... July 3 1883
8. AGE: Years..... 63 Months..... 9 mos. Days..... 2 If less than one day..... hrs. min.

9. Birthplace..... Kingston, Somerset Cy., Maryland
(Town, county, and state)

10. Usual occupation..... Mechanic

11. Industry or business.....

FATHER 12. Name..... John W. Nock

13. Birthplace..... Horntown, Virginia

MOTHER 14. Maiden name..... Teresa Stewart

15. Birthplace..... Baltimore, Maryland

16. Informant..... Hospital Records
Address..... Cambridge, Maryland

17. Burial Date thereof..... April 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Crisfield, Md.

Location..... Crisfield, Md.

18. Funeral director..... Howard H. Hubbard

Address..... Main St - Crisfield, Md

19. 4/4/47 John Macep... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 3 19... 47 at 10.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 6 19... 45 to April 3 19... 47
and that I last saw him alive on April 3 19... 47

Immediate cause of death.....

DURATION

Chronic Myocarditis and Myocardial Degeneration

Arteriosclerosis & Hypertension

Other conditions.....

Paranoid Condition
(include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Grace M. Branscombe M. D. or other

Address..... Cambridge, Md Date signed..... 4/3/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1947

BUREAU 98

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

06988

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Crapo
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Crapo
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

James Robinson

3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mathel Rabban
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 59 Months Days If less than one day hrs. min.

9. Birthplace Crapo Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name James Robinson

13. Birthplace Maryland

14. Maiden name Gertha Elhatt

15. Birthplace Maryland

16. Informant Herbert Rabban

Address Crapo Md

17. Crapo Date thereof April 16
(Burial, cremation, or removal. Which?) month (day) (year)

Cemetery or crematory Crapo Md

Location

18. Funeral director Levin H. Banzner

Address Cranberry

19. 4/15 19 47 Registrar John M. ...

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 19 47 at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 19 47 to April 13 19 47 and that I last saw him alive on April 13 19 47

Immediate cause of death Apoplexy

DURATION 10 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. ...

M. D. or other

Address Cranberry

Date signed April 15 1947

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1947

BURFAL 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

00989

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Harrochester
City or town Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harrochester
City or town Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2. (a) If veteran, name war none

3. (a) FULL NAME

Joseph R. Sheuton

3. (b) Social Security Number

213-01-8086

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary G. Sheumon

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 9 - 1871

8. AGE: Years 75 Months 4 Days 76 If less than one day hrs. min.

9. Birthplace Golden Hill
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Ship building

12. Name Charles N. Sheuton

13. Birthplace Golden Hill

14. Maiden name Margie G. Wallace

15. Birthplace Golden Hill

16. Informant Mrs. Mary G. Sheuton

Address Golden Hill, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Apr 7 - 1947
(month) (day) (year)

Cemetery St. Marys Catholic

Location Golden Hill

18. Funeral director Kenneth R. Shoups

Address Cambridge, Md.

19. Apr 5 19 47 James D. Meace Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 47 at 2:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 47, to April 5 19 47

and that I last saw him alive on April 5 19 47

Immediate cause of death Coronary Occlusion DURATION 1 hr.

Due to Chronic Myocarditis 10 yrs.

Due to

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations X

Date of op.

Autopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Meace M.D. M. D. or other

Address Fishing Creek, Md. Date signed Apr 5/47

MARGIN RESERVED FOR BINDING

VS A15 0.45.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 8 1947

H. H. A. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The percentage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 110 00390

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Elliotts Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Elliotts Island
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Elliotts Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Elliotts Island
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Leonard Carroll Shorter

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
Nettie Ewell Died 1943

6. (b) Name of husband or wife Stella Moore Shorter 6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) September 6, 1889

8. AGE: Years 57 Months 7 Days 8 If less than one day
hrs. min.

9. Birthplace Sewards, Dor., Md.
 (Town, county, and state)

10. Usual occupation Waterman
sea-food

11. Industry or business

12. Name William Insley
 13. Birthplace Seward, Md.
 14. Maiden name Malissa Shorter
 15. Birthplace Sewards, Dor. Co. Md.

16. Informant Mrs. Stella Shorter
 Address Elliotts, Md.

17. burial Date thereof 4/15/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Methodist Churchyard
Elliotts, Md.
 Location Le Compte Funeral Service
Cambridge, Md.

18. Funeral director Le Compte Funeral Service
 Address Cambridge, Md.

19. April 15 - 1947 Registrar Elizabeth I. B...
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1947 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death Disease of Coronary Arteries DURATION

Due to Arteries

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge, Md. Date signed Apr 14/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Hudson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

HudsonHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Hudson

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2. (a) If veteran, name war -

3. (a) FULL NAME

Elizabeth Annie Smith

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Samuel R. SmithDied 19326. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.)

Aug. 20, 1874

8. AGE:

Years

Months

Days

If less than one day

72726

hrs.

min.

9. Birthplace

Hudson, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Domestic

FATHER

12. Name

John/Edward Spedden

13. Birthplace

Maryland

MOTHER

14. Maiden name

Margaret Ellen Seward

15. Birthplace

Maryland

16. Informant

Mrs. Crosby WarfieldAddress RFD # 3, Cambridge, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 19, 1947
(month) (day) (year)Cemetery or crematory Speddens CemeteryLocation James, Dor. Co., Maryland.

18. Funeral director

LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. Date rec'd by registrar

4-19-47

19

John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947, 6:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/8 or 4/7 to 4/16 1947
and that I last saw him alive on 4/8 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Maryanov

M. D. or other

Address 136 Race St. CambridgeDate signed 4/18/47

RECEIVED

APR 21 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

00992

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33 Years

Hospital, institution, or street address where death occurred:

500 Race St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 500 Race St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Ida Sard Smith

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife Samuel M. Smith
(Died 5/19/1944) 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1866

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>21</u>	_____ hrs. _____ min.

9. Birthplace Linkwood, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation -11. Industry or business -12. Name Thomas Sard13. Birthplace Maryland14. Maiden name Louise Twilley15. Birthplace Maryland16. Informant Mrs. James MeredithAddress Cambridge, Maryland

17. Burial Date thereof April 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. 4/15/47 19. 47
(Date rec'd by registrar)

John Mace, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1947, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/7 1947 to 4/12 1947
and that I last saw ER alive on April 12, 1947

Immediate cause of death

Rt. Cerebral Hemorrhage DURATION 5 days

Due to Arteriosclerosis

Due to Hypertensive Cardiac Vascular Disease

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

John Mace, M.D. M. D. or other
Address Cambridge Md. Date signed 4/12/47

7

RECEIVED

APR 16 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

00993

Reg. Dist. No. 64 116

1. PLACE OF DEATH:

County Dorchester

City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Skinner's Run
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph M. Stevens

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary M. Stevens

7. Birth date of deceased (mo., day, yr.) February 2, 1950 6.(c) If alive, give age — years

8. AGE: Years 97 Months 2 Days 12 If less than one day — hrs. — min.

9. Birthplace Talbot County, Maryland
(town, county, and state)

10. Usual occupation Retired

11. Industry or business Clergyman

12. Name Charles Wesley Stevens

13. Birthplace Maryland

14. Maiden name Eliza Anna Harris

15. Birthplace Maryland

18. Informant Rev. Joseph G. Stevens

Address Taylor's Island, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof April 17, 1947
(month) (day) (year)

Cemetery or crematory Skinner's Run Cemetery

Location Near Millersburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalburg, Maryland

19. April 17, 1947 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1947 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1947 to April 14, 1947
and that I last saw him alive on April 14, 1947

Immediate cause of death Congestive Heart Failure DURATION 2 weeks

Due to Arteriosclerosis ?

Due to Generalized ?

Other conditions Prostatic ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Trapp M. D. or other

Address Chesapeake Date signed April 24, 1947

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 28 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

00994

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester CountyCity or town Rural - Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred at home - Drawbridge

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural - Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Drawbridge
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Richer Thomas

3. (b) Social Security Number

4. Sex male5. Color or race negro6. (a) Single, married, widowed, or divorced single

8. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 15, 19468. AGE: Years 8 Months 15 Days 15 If less than one day

hrs. min.

9. Birthplace Cambridge, Dorchester, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Samuel Daniel Thomas13. Birthplace Bucktown14. Maiden name Annie Elizabeth Thompson15. Birthplace Airap, Maryland18. Informant BurialAddress Buck town near17. Buck town Date thereof Nov. 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory Buck townLocation Near Cambridge, Md.18. Funeral director Lewis H. B. ArnyAddress Cambridge, Md.19. May 2 - 1947 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 47 at 4:40 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 19 47 to April 30 19 47and that I last saw him alive on April 29 19 47Immediate cause of death BronchopneumoniaDue to Probable Influenza

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE W. Harrison MDAddress Hurlock Md.Date signed 4/30/47

RECEIVED
MAY 6 1947
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

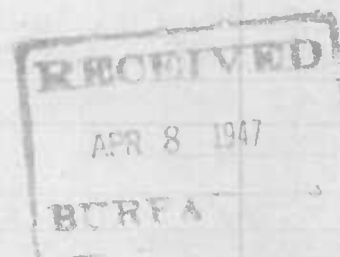
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Rural-Fishing Creek</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: <u>Fishing Creek</u> How long in hospital or institution? <u>-</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Rural-Fishing Creek</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Fishing Creek</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>-</u>			
3.(a) FULL NAME <u>Walter L. Tolley</u>				3.(b) Social Security Number <u>-</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Widowed</u>			
6.(b) Name of husband or wife <u>Mary Parker Tolley</u>							
7. Birth date of deceased (mo., day, yr.) <u>April 3, 1870</u>							
8. AGE: Years <u>77</u>		Months <u>-</u>		Days <u>-</u>		If less than one day <u>-</u> hrs. <u>-</u> min.	
9. Birthplace <u>Fishing Creek, Dor. Co., Md.</u> (Town, county, and state)							
10. Usual occupation <u>Waterman</u>							
11. Industry or business <u>Seafood</u>							
FATHER	12. Name <u>Samuel Tolley</u>						
	13. Birthplace <u>Maryland</u>						
MOTHER	14. Maiden name <u>Not Known Eliza Wallace</u>						
	15. Birthplace <u>" " Maryland</u>						
16. Informant <u>Mrs. Carlton Phillips</u> Address <u>Fishing Creek, Maryland</u>							
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>April 6, 1947</u> (month) (day) (year) Cemetery or crematory <u>Hoosier Memorial Church Cem</u> Location <u>Fishing Creek, Dor. Co., Md.</u>							
18. Funeral director <u>LeCompte Funeral Service</u> Address <u>Cambridge, Maryland.</u>							
19. <u>Apr 4</u> 19 <u>47</u> <u>Sam W. Meade</u> Registrar (Date rec'd by registrar)							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>April 3, 1947</u> at <u>9:35 A.M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 1945</u> to <u>Apr 3 1947</u> and that I last saw him <u>live</u> on <u>April 2 1947</u> Immediate cause of death <u>Cardio-Renal. Renal</u> <u>disease</u> DURATION <u>15 years</u> Due to <u>-</u> Due to <u>-</u> Other conditions <u>-</u> (Include pregnancy within 3 months of death) Major findings of operations <u>-</u> Date of op. <u>-</u> Autopsy results <u>-</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>-</u> Date of <u>-</u> Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>-</u> Means of injury <u>-</u> Injured at work? <u>-</u>							
23. SIGNATURE <u>Samuel W. Meade M.D.</u> <u>Fishing Creek, Md.</u> M. D. or other Address <u>-</u> Date signed <u>Apr 4/47</u>							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years 11 mos. 17 ds.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 2 years 11 mos. 17 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural near Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Frederick Marcellus Webster3. (b) Social Security Number
none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 24 1910

8. AGE: Years 36 Months 7 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Mount Vernon, Somerset Cy Maryland
 (Town, county, and state)

10. Usual occupation none

11. Industry or business _____

12. Name Fitzhugh Lee Webster13. Birthplace Maryland14. Maiden name Mary Louise Waller15. Birthplace Maryland16. Informant Hospital RecordsAddress Cambridge, Maryland

17. Burial Date thereof 4-10-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Princess Anne, Md.18. Funeral director Dashiell Funeral HomeAddress Princess Anne, Md.

19. April 8 1947 John Marshall
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1947 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1947 to April 6 1947
 and that I last saw him alive on April 6 1947

Immediate cause of death Epilepsy
 DURATION _____

Due to _____

Due to _____

Other conditions Mongolian Idiocy

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John Marshall M. D. or other _____Address Cambridge, Md. Date signed 4/6/47

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U. S. DEPARTMENT OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

00998

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Race St. Ext'd.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME

Mary H. Willey

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife William J. Willey
6.(c) If alive, give age 89 years

7. Birth date of deceased (mo., day, yr.) April 14, 1873

8. AGE: Years 73 Months 11 Days 22 if less than one day
hrs. min.

9. Birthplace Lakesville, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Not Known
13. Birthplace II II

MOTHER 14. Maiden name Not Known
15. Birthplace II II

16. Informant Mr. Sherman Willey
Address Cambridge, Maryland.

17. Burial April 9, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. April 9 - 47 John Mace Jr. MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1947 at 11:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13, 1947 to April 6, 1947
and that I last saw her alive on April 6, 1947

Immediate cause of death Pyogenic meningitis
Secondary to abscess
of Rt. groin
Due to 2 Rt. groin

DURATION
10 days
30 days

Other conditions arteriosclerotic Cardio-
Vascular renal disease with
renal failure - none
Major findings of operations none

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of -
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eldridge H. Jefford
M.D. or other M.D.
Address Cambridge, Md. Date signed 4-8-47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 11 1947

BURFA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (342)

00982

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co
 City or town Charist Rock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 in-lars
 Hospital, institution, or street address where death occurred.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge Charist Rock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Helken Ming

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female Colored widow

6. (b) Name of husband or wife George Ming7. Birth date of deceased (mo., day, yr.) Aug 29 1881 5. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

56 _____ hrs. _____ min.9. Birthplace Cambridge

(Town, county, and state)

10. Usual occupation none11. Industry or business none12. Name Jane's Caemish13. Birthplace Cambridge14. Maiden name Anil Caemish15. Birthplace Cambridge Md16. Informant Ruby MingAddress Cambridge17. Rock Burial Date of death April 8, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Charist RockLocation near Cambridge18. Funeral director Louis H. BangnerAddress Cambridge Md19. 4/8/1947 John Mace Jr. md

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1947 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 7 1945 to April 6 1947and that I last saw her alive on March 27 1947Immediate cause of death Cardio-renal vascular diseaseDURATION 2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE John E. Bunker MDAddress Cambridge Md M. D. or other 4-8-47

Date signed _____

SALES

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AMERICAN BOARD OF COMMISSIONERS OF THE UNITED STATES

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APR 9 1947

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